Provider Summit - Chicago, IL

Illinois Behavioral Health Integration Project (BHIP)

THURSDAY, JUNE 14TH

HAROLD WASHINGTON COLLEGE

HOSTED BY COMMUNITY BEHAVIORAL HEALTH ASSOCIATION OF ILLINOIS

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Summit Team: Presenters

- **Marvin Lindsey**, Behavioral Health Associate, Community Behavioral Health Association of Illinois
- **Dia Cirillo**, Behavioral Health Project Director, Illinois Health Information Exchange
- **Renée Popovits**, Chair, Substance Abuse Work Group, ILHIE Legal Task Force

Summit Team: Group Facilitators

- **Kim Darnstaedt – Group 1**
- **Ola Fatoki– Group 2**
- **Kathye Gorosh– Group 3**
- **Krysta Heaney– Group 4**
- **Peggy Johnson – Group 5**
- **Danny Kopelson – Group 6**
- **Felicia Roberson – Group 7**
- **Marina Uk/Steve McCabe – Group 8**

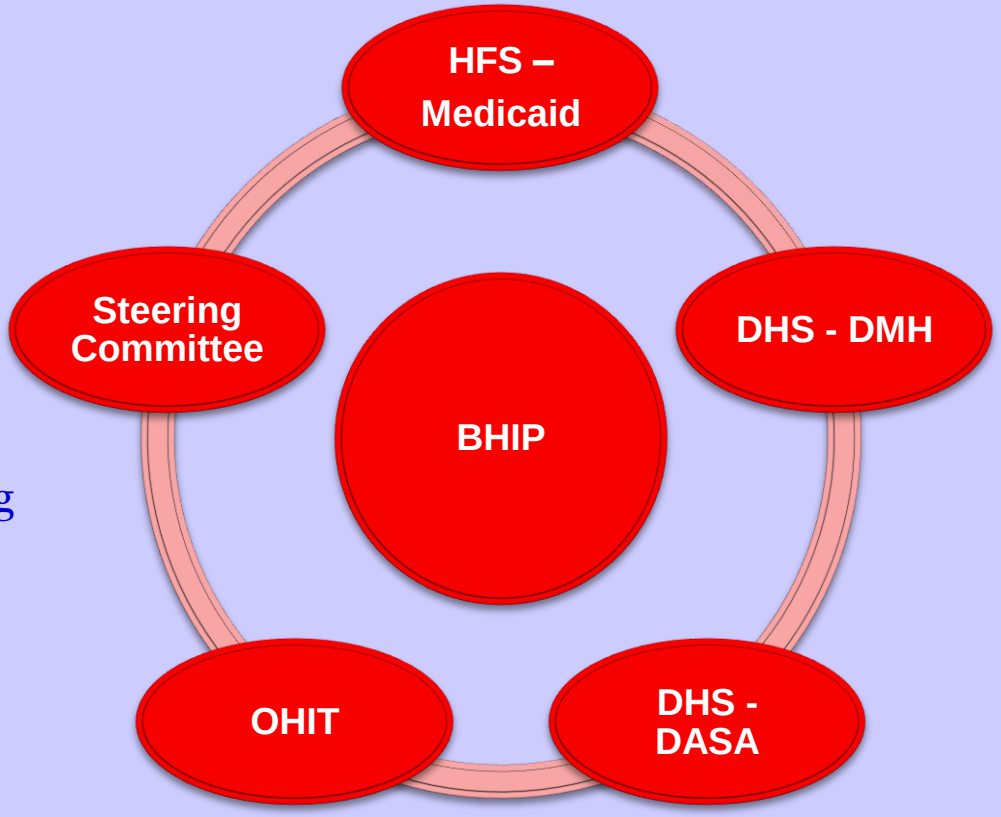
What is BHIP?

- Federally funded grant awarded to Illinois in Jan 2012
- Targets behavioral health providers (mental health and substance abuse treatment centers)
- Creates operational, legal and technical framework to support utilization of the health information exchange (HIE)
- Fosters participation from providers and consumers
- Maintains a broad network of partners

BHIP Team

Members:

- Office of Health Information Technology
- IDHS – Div. of Alcoholism & Substance Abuse
- IDHS – Div. of Mental Health
- IHFS – Medicaid
- CBHA (Community Behavioral Health Association of Illinois)
- IADDA (Illinois Alcoholism & Drug Dependence Association)
- IARF (Illinois Association of Rehabilitation Facilities)
- CHITREC (Chicago Regional Extension Center)
- IL-HITREC (Illinois Regional Extension Center)
- Popovits & Robinson

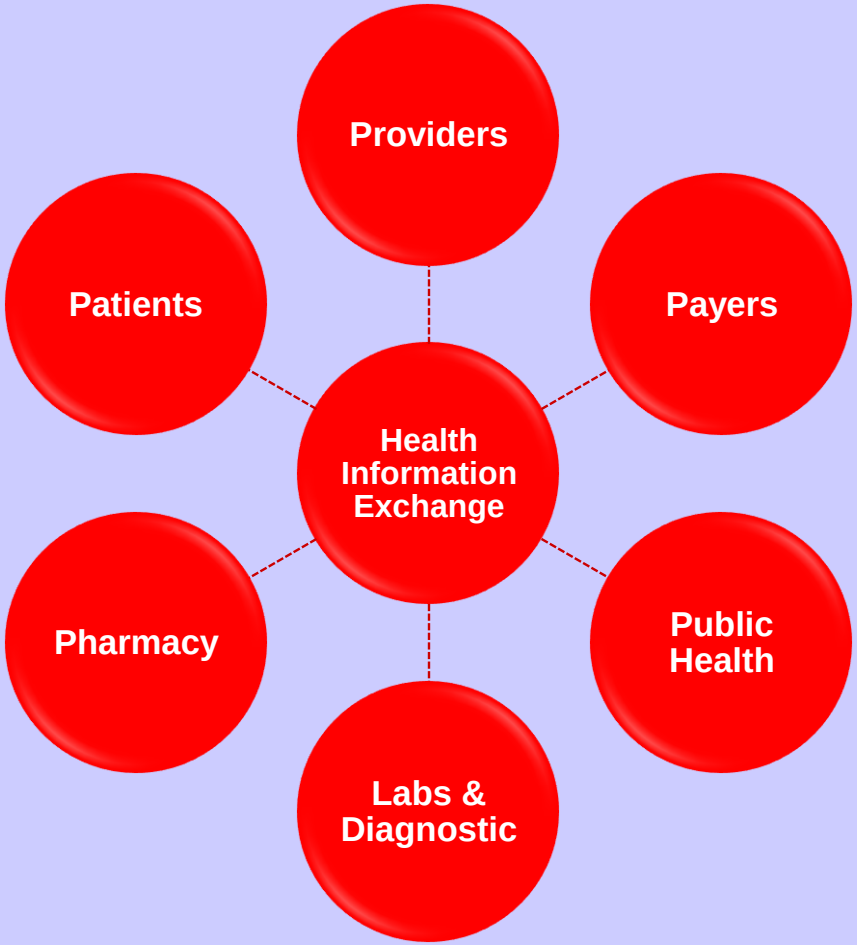


Why Health Information Exchange?

- We need to improve health outcomes
- We need better care coordination among providers
- We need to reduce medical errors
- We need to reduce health disparities
- We need to control health care costs

Illinois Health Information Exchange (ILHIE)

A Transport Network of Protected Health Information



What is ILHIE?

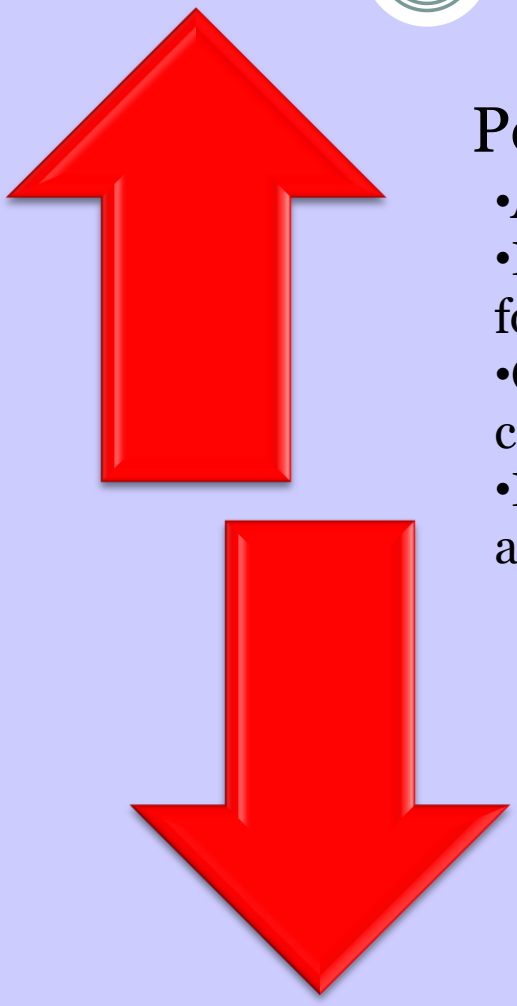
- The statewide network authorized by statute
- Core services and standards operated and governed by the Illinois HIE Authority
- Secure communications and message routing hub to ensure connectivity among regional and private HIEs
- Means of electronic exchange with State health IT systems

How far along is ILHIE?

- Electronic Health Record (EHR) & Management System
- E-prescribing
- ILHIE Direct – Secure Messaging Solution

Healthcare policy is changing rapidly, creating…

…a complex and evolving environment that can hamper care.



Policy Environment

- Acceleration of HIE
- Incentives for medical providers; not for behavioral health providers
- Conflicting federal and state law on consent
- Introduction of Care Coordination and Integration

BH Service Delivery

- Consent for each specific purpose
- No federal incentive to upgrade information systems

Status quo is no longer an option.

Modernizing the Illinois Mental Health and Developmental Disabilities Act ("IMHDDA")

- Modification is essential to …
  - Facilitate proper administration of the ILHIE
  - Avoid excluding the behavioral health population from the scope and patient care benefits of the ILHIE

Barriers to Establishment of ILHIE

- Current consent exceptions do not encompass disclosures for all contemplated ILHIE purposes:
  - Restricts behavioral health providers from identifying existence of patient record to the ILHIE
  - Disclosures allowed without consent for treatment, payment, and health care operations (including quality assessment and peer review) are more limited than under HIPAA

Barriers to Establishment of ILHIE

- Current patient consent requirements do not fit the ILHIE model or will require additional administrative processes
  - Granular specificity required (no blanket consents)
  - Specific expiration dates required
  - Procedure requirements required (e.g., witnesses)

Barriers to Establishment of ILHIE

The IMHDDCA:

- Limits the conduct of research
  - With few exceptions, individual patient consent is required
  - Consent is required for types of research HIPAA permits without an authorization
    - Research using de-identified data and limited data sets
    - Preparatory and retrospective chart reviews
- Outdated for application of an electronic medical record
  - No distinction between “use” and “disclosure”
  - No recognition of technical solutions and safeguards

Barriers to Establishment of ILHIE

- Does not accommodate current business models
  - Limited role of a “records custodian” does not allow comprehensive services to be provided by a third-party vendor
- Establishes processes that are redundant of HIPAA, resulting in administrative inefficiency
  - Amendment of records
  - Accounting of disclosures

Illinois Licensure Statutes Affecting Behavioral Health Providers

- Individual licensure statutes often require consent for disclosure of patient information unless an exception is provided
- Exceptions
  - Limited to only a few scenarios
  - Scenarios cover far less than the IMHDDA covers or that the ILHIE would need
- Clarification of the interplay between IL licensure statutes is necessary

Behavioral Health Workgroup: Recommendations

- Make disclosure through the ILHIE an exception to written patient consent *or* modify consent requirements to facilitate inclusion of mental health information in the ILHIE
- Make IMHDAA consistent with HIPAA with respect to:
  - Research
  - De-identification and limited data sets
  - Business associates
  - Patient rights (amendment, etc.)
- Centralize confidentiality requirements regarding behavioral health information in the IMHDDA

BHIP opens the road to HIE.

BHIP will provide…

- **Clear information on HIE**
- **Tools addressing HIE**
- **IT solutions**
- **Recommended policies**

- Webinars & statewide meetings
- Template consent forms, data sharing agreements and implementation protocols
- Data architecture to capture behavioral health information
- Proposed state legislation
- Recommendations for federal changes

BHIP will provide… (con't)

- **Research of current capabilities**
- **Small funding pool for behavioral health providers**

- Capacity study of behavioral health providers
- 3 – 4 demonstration projects of electronic exchange

The Summit…

…Offers focused dialogue on key questions affecting the policy environment.

Five summits, four weeks:

- Rockford – June 7th
- Chicago – June 14th
- Chicago 2 – June 20th
- Springfield – June 26th
- Carterville – June 27th

Your role in the Summit

- Recommend policy changes and participate in the development of a new policy framework

Because you are:

- Experts in service delivery and state policy
- Advocates for clients
- Sources of health information and data

What will happen today?

45 minutes: Design process of coordinated care in communities now and in 3 yrs.

1. Care Coordination/Collaboration: What does it look like now? And how should it look in the near future?

30 minutes: Identification of health information necessary to facilitate coordinated care AND achieve optimal health outcomes

2. a) What is the critical patient information to share in a collaborative integrated environment? b) What restrictions, if any, should exist on this information?

What will happen today? (con't)

30 minutes: Consent management model that supports patient-centered care, while balancing stigma and discrimination

3. How should consumer/patient consent work?

Afternoon Report-Out: Group results

What will results look like?

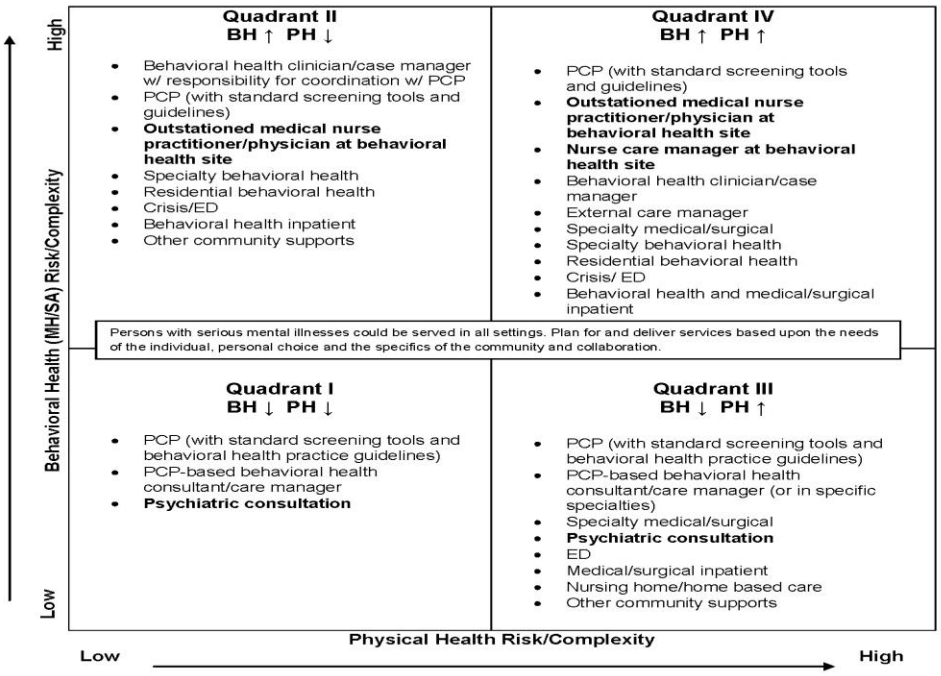
1. **Care coordination models**: Summary of service elements, complexity of population, exchange points
2. **Patient information & restrictions**: List of critical info and info to be shared; list of restrictions
3. **Consent model**: Summary of a consent model; consent worksheet identifies when captured and when consumer education occurs

What will results look like? (con't)

- **Group discussion**: Common ground & outliers in three areas
- **Survey**: Individual viewpoints

Question #1: Care Coordination/Collaboration

The Four Quadrant Clinical Integration Model*



This Four Quadrant Clinical Integration Model captures conceptual elements of behavioral health and physical health risk and suggests major system elements that would be employed to meet the needs of each subset of population. Items in bold reflect additions specific to integrated care and the healthcare home. This model is for collaborative planning processes.

*National Council for Community Behavioral Healthcare. *Behavioral Health/Primary Care Integration and the Person-Centered Healthcare Home.*©2009

Question #2: What is the critical patient information to be shared?

What Is Currently Shared - Patient Health Information

	History	Diagnosis*	Treatment	Vital Signs & Allergies	Lab Tests, Diagnostics & Assessments
Medical	Previous diagnosis/Chief Complaints * Family History + Surgeries/Procedures + Treatments *	Admission* Discharge/ Transfer Summary* Preoperative* Postoperative*	Medication/Prescriptions* Physical Therapy *	Blood Pressure+ Heart Rate + Respiratory Rate+ BMI + Temperature + Height/Weight + Dietary * Adverse Reactions *	Blood Test + Urinalysis + Genetic Test + Toxicology + EKG + HIV +
Behavioral	Previous Diagnosis * Family/Social History + Intervention + Treatments* +	Admission * Discharge/ Transfer Summary* Axis I*: • Substance Abuse* • Suicide Risk* • Risk of Violence* Axis II –V* Recovery*	Medication * Psychotherapy + Case Management/ Monitoring +		Surveillance Questions/Behavior Checklist + Rating Scale + Screening for Symptoms + Assessment of Symptoms * Genetic Test + Toxicology +

* Required in a Continuity of Care Document
+Optional in a Continuity of Care Document

Provider Summits – June 2012

Question #3:
How should patient consent work?

Managing Consent

When should consent be captured? When should consumers be educated about consent?

When	By Whom	Purpose: Consent or Education	To Whom	For What Duration	Other
• Admissions • Referral • Care Coordination • Other	• Consumer • Guardian • Provider – receiving or referring • State Agency • Other				

The Challenge: Getting to specificity…

This

Not That

Getting to specificity…

Good

- "…patient information…"
- Specialists
- Mental health services
- Medical services

Perfect

- "…discharge summary, continuity of care document…"
- Therapist, psychiatrist
- Brief intervention, etc.
- Prescription

Completed and finalized!

Endgame

- Issuance of draft findings
- Collect responses
- Report-back webinar - Weds, July 18th at 12:30pm
- Finalize report

Final Report

- Coordination models
- Required health information
- How consents work
- Common ground & outliers in 3 areas

Q & A

- Purpose?
- Process?
- Roles?
- Next Steps?

hie.illinois.gov

Recent Webinars

HIE 101

http://www2.illinois.gov/gov/HIE/Pages/ProviderEd.aspx

ILHIE Direct & Behavioral Health

http://www2.illinois.gov/gov/HIE/Pages/directbhip.aspx

Regional Extension Centers

http://www2.illinois.gov/gov/HIE/Pages/rec.aspx

CHITREC(Serving Chicago)

IL-HITREC (Serving statewide)

Thank you for participating in the Summit!

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